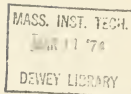






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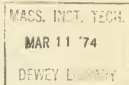
Growing Pains:
Issues in Expanding the Nurse's
Role in Primary Care*

by
Eric L. Herzog**

February, 1974

WP 696-74

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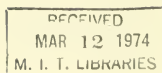
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Introduction

In answer to the impelling need for more health care for more people, and with the assumed shortage of physicians (especially in the urban poor and rural areas), the increased use of non-physician health personnel has been strongly advocated. There are two approaches included in this advocacy; it includes those who suggest the increasing use of ancillary medical -- paramedical -- personnel to act as "physician extenders" and there are those who suggest expanding the role of the registered nurse to include more primary care. It is with the latter approach that this paper is addressed.

Since it is less than a decade that the early work on expanding the nurse's role was reported by Resnik (1967) and Connelly et. al. (1966), we are only now beginning to understand some of the ramifications of this effort and can report some empirical findings. Most people envisioned the following problem areas: defining a new role (clinical specialist or nurse practitioner?); new certification requirements; new legislation to revise the health practice acts; and new training programs. Few people, if any, could predict the effects of expanding the nurse's role on the nurse, the staff with whom she nurse works, and the organization. This is the focus of this paper.

This paper relies on the distinction made three years ago between extension and expansion of the nurse's role.

Murphy (1970) described extension of the nurse's role as the "unilateral lengthening process" which includes either carrying out the same function in protracted contexts or extending specific, already assumed functions. In this case, learning is situationally determined and the authority base is the physician who delegates some functions to the nurse. Role expansion, on the other hand, involves the following: a multidirectional change to include new components of health care; new knowledge which is theoretically based and obtained in the classroom and on the job; and a basis for authority which resides in the nurse. Whereas role extension involves performing new technical functions, role expansion involves performing new decision-making functions. This expanded role -- usually called the "nurse practitioner" -- enables the nurse to assume certain responsibilities usually restricted to the physician. This paper is concerned with the problems in the expansion of the nurse's role in primary care.*

The following three sections of this paper deal with areas in which problems are likely to be found as a result of expanding the role of the nurse. The first section focuses on the problems the nurse faces as he or she acquires new capabilities and obtains more responsibility.

*The term "primary care" as used in this paper has two dimensions: (a) a person's first contact in any given episode of illness with the health care system that leads to a decision of what must be done to help with his problem; and (b) the responsibility for the continuum of care, i.e. maintenance of health, evaluation and management of symptoms, and appropriate referrals.

The second section is concerned with the part that the physician plays in the expansion of the nurse's role and some of the possible results. The organization, including other staff, is the subject of the third section in which problems of organization change are identified.

As a summary, some of the implications for managing the process of changing the nurse's role are suggested in the fourth ~~section~~. These include the implications for continuing education and the management of health care delivery.

Issues concerning the nurse practitioner

As one would expect, the nurse is either directly or indirectly involved in many of the issues surrounding the expansion of his or her own role. The part of the nurse in the expansion of the nursing role may be looked at from the following points of view: the nurse's interests and values; the experience and capabilities of the nurse; and the effects that the role expansion may have on the nurse.

As shown in the study by Gerstein and Herzog (1973), the interests and values of the nurse are strongly related to the extent to which the nurse's role changed subsequent to a nurse practitioner program. For instance, of those nurses who had "very little" desire to change the work they were doing, 33 per cent saw significant change in their work. Of those nurses with "a lot" of desire to

change their work, however, 54 per cent saw significant changes. Other attitudinal factors which were identified as being related to the amount of change in the nurse's work are the nurse's values concerning her job and work. These included the nurse's desire to make a contribution to her office, to perform challenging work, and to obtain a sense of accomplishment. As shown in Table 1, there is a direct relationship between the importance given these values and the extent of change in the role of the nurse after a nurse practitioner program.

Table 1

Mean scores on job value scales for low, medium, and high amounts of change in the nurse's role

<u>Amount of change</u>	<u>Desire to make a contribution to the office</u>	<u>Desire to perform challenging work</u>	<u>Desire to obtain sense of accomplishment</u>
Low	3.8	4.4	4.4
Medium	4.4	4.8	4.6
High	4.5	4.8	4.7

In a study of twenty pairs of physicians and nurse practitioners by Herzog (1973), it was shown that the amount of responsibility the nurse presently has is related to the amount of responsibility the nurse would like to have. Specifically, in those areas of primary care in which the nurse is particularly interested and desires more responsibility, the nurse presently had more responsibility than in the other areas. The study suggests that "the nurse who has high aspirations for more

responsibility eventually obtains more responsibility, either through negotiation or through some other process".

Another area which has received some attention is the significance of skill learning and educational experiences for expanding the nurse's role. Numerous programs have begun to provide continuing education to the nurse, with an expressed desire to facilitate the expansion of the nurse's role through skill learning. Assuming that many programs are of high quality and the skill learning is significant (see Mahoney, 1972, which reports on a number of studies), some of the vital remaining questions concern the extent to which the nurse is able to utilize her improved skills. It is clear that those nurses who have greater opportunities to practice what they have learned become more proficient. However, as indicated in the study by Gerstein and Herzog, not all graduates receive the requisite opportunities to practice and do not become proficient.

Other interesting issues concerning the role expansion of the nurse are the effects of the expansion on the delivery of care and on the nurse. Several studies have shown that the productivity of the office increases with the use of the nurse practitioner (see Silver and Hecker, 1970, and Silver, 1968). In the study of the nurse/physician pairs by Herzog, the nurses and physicians indicated that the quality of service was, for the most

part, independent of the amount of the nurse's responsibility. Another finding in this study was that the nurse's satisfaction with the organization is closely related to the amount of the nurse's responsibility. This finding that those nurses with high responsibility were more satisfied leads one to believe that one of the nurse's basic work needs is obtaining responsibility commensurate with her skills and experience.

These empirical findings indicate that a number of issues concerning the nurse are associated with expanding the nurse's role. First, it is clear that the nurse must desire a role change and be willing to work on the problems involved. The nurse must also be committed to the practice, the work, and the delivery of care. Second, the nurse must be willing to obtain the skills and experience necessary to assume greater responsibility. There must be an extra effort to integrate the new skills into the work and take time to practice. Third, the payoff for the nurse should be considerable. The nurse will be more productive and obtain increased opportunities for challenging work and job satisfaction.

Issues concerning the physician

Medicine and nursing have common goals: the preservation and restoration of health. Yet their roles in achieving these objectives are not identical and may be visualized as two overlapping circles, each with its own content but sharing a common ground. (Bates, 1970)

The physician plays a very significant part in the

expansion of the nurse's role. Using Bates's conceptualization, if the nurse's circle of responsibility is shifted or altered, the physician's circle is likewise altered. In order for this process to be successful and accomplished with minimal disturbance to the delivery of care, the physician must take an active part in the realignment of responsibility. The following discussion of the role of the physician includes the importance of his motivation and support for the expansion of the nurse's role and some of the results of the expansion on the physician.

Some of the early work in this area focused on the opinions and practices of physicians in using non-physician manpower. After a number of years, Yankauer et. al. (1971) were able to describe the wide gap between opinion and practice. The delegation of services by the physician, although strongly endorsed in theory, was not being practiced. This finding is substantiated in the study by Gerstein and Herzog of the nurse practitioners. In those cases where the nurse felt there was "very little" desire on the part of the physician for her to change her work, only 20 per cent of the nurses changed their work significantly. In contrast, of those nurses who felt a strong desire from the physician, 86 per cent were able to change their work.

Focusing on the amount of "social support" that the physician gives the nurse, this same study found a clear

relationship between the amount of support and the amount of change in the nurse's role. As shown in Table 2, for each of the five types of support given by the physician, in those cases where the nurse received "a lot", the percentage of nurses who changed their work significantly is greater than when the nurse received "some" or "no" support. From all indications, it appears as if the active support of the physician for the expansion of the nurse's role is necessary.* The physician should be active in the education and the integration of new skills, the design of new work relationships, and the design of necessary support systems.

Table 2

Per cent of nurses that change their work significantly for five types of support and the amount of support

<u>Amount of support</u>	<u>Per cent of nurses that changed their work significantly for five types of support</u>				
	<u>Praise</u>	<u>Moral support</u>	<u>Sharing of knowledge</u>	<u>Respect for ability</u>	<u>Help integrate new skills</u>
None	0% (1)	0% (2)	-- (0)	-- (0)	0% (2)
Some	11% (9)	20% (5)	33%(6)	25%(8)	30% (10)
A lot	66% (15)	53%(17)	44%(18)	50%(16)	58% (12)

There are a number of interesting issues concerning the effects of the role expansion on the physician and his

*The importance of the physician's support is, of course, a function of his influence over the nurse and the health care delivery system as a whole. See Freidson (1970) for further discussion.

work. As mentioned previously, a number of studies have found increased productivity in the office with the expansion of the nurse's role. The study by Herzog (1973) indicates, however, that the physician often feels less efficacious and less satisfied with his organization when the nurse assumes more responsibility. What appears to exist, according to this study, is a close relationship between the physician's efficacy (his sense of "importance to patients and colleagues" and his "effectiveness in his work") and the amount of his responsibility. Therefore, when the nurse assumes more responsibility, the physician feels the loss; i.e. the physician feels the loss of the continuity of care that he would like to maintain. In order for the role expansion of the nurse to be successful, one could conclude that the physician must be involved in the process in order to deal with his feelings of loss and provide the necessary support.*

Issues concerning the organization

Some brief points can be made concerning the part the organization as a whole plays in the expansion of the nurse's role. More research is needed in this area, for there is little empirical data available.

Simply stated, the organization must be able to

* This situation creates a dilemma for the physician, for he is asked to support a change which results in a personal loss of efficacy.

change along a number of dimensions in order to accommodate the nurse's expanded role. At the outset, there must be arrangements for facilitating the nurse's learning and acquiring new skills. This may require coverage during the working day and the payment of expenses. During this learning period, provision must be made for allowing the nurse to practise and continue learning. In order to facilitate the nurse changing her role, the patients may have to be informed of the change. In addition, as pointed out in the study by Gerstein and Herzog, changes in office practices are a major factor in promoting the change in the nurse's role. This may include new office space (especially an examining room for the nurse's use) and additional personnel to perform some of the services that the nurse previously performed.

Other types of support the organization may provide are better, more competent supervision and relevant nursing protocols. These would help the organization solidify the new nursing role and the nursing service as a whole. It should be recognized that the nurse in an expanded role begins to develop new role models and may have to maintain close ties with other nurses in expanded roles, both within and outside the organization.

Implications for managing the process of change

This material suggests implications in two broad areas. for managing the process of change. First, there are implications for the part that continuing education plays in

changing the role of the nurse. This includes implications for both the nature of the education as well as the kind of research that should be done in this area. Second, there are implications for managers of change in certain areas of the health care delivery system.

In the first area, we have learned that the transfer of learning to the job involves many factors, only some of which have been isolated by studies to date. The attitudinal factors, such as the desire to change, social factors, such as the amount of the physician's support, and structural factors, such as physical changes in the building, play a vital role in changing the nurse's role. These factors also facilitate our understanding the process of transferring learning to the job. Also in this area, the studies imply that research in role change should be conducted in the larger context, rather than from a narrow point of view. For instance, in the past researchers have tried to isolate "educational outcomes" and have separated the program learning from previous and subsequent experiences of the students. The findings to date indicate that this strategy ignores many important factors..

Implications for the management of change in the health care delivery system are apparent in some of these studies. It should be evident that it is necessary to influence a large number of factors which condition the extent to which the nurse's role can successfully be changed. It should also be apparent that not all nurses will succeed

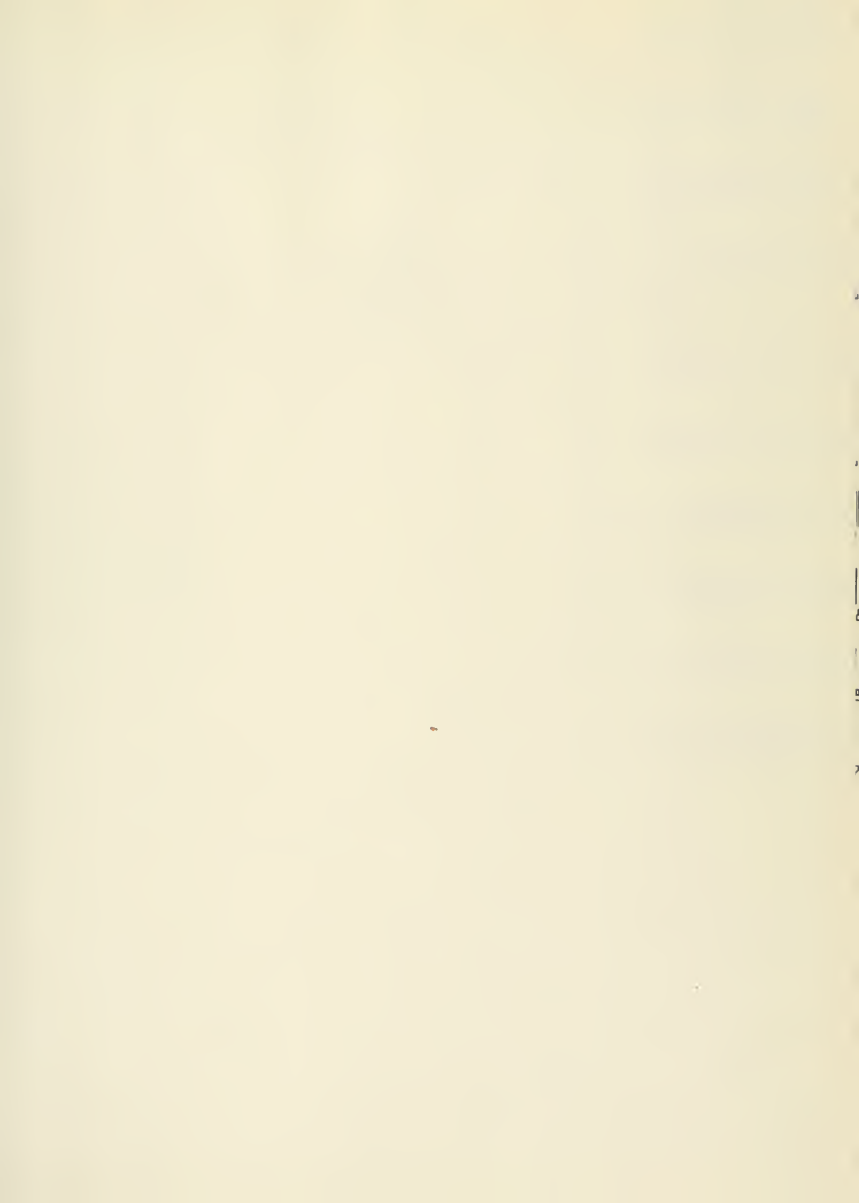
and not all work situations are suitable. It is likely that there will be a certain amount of role conflict and misunderstanding which should be dealt with. Some recent approaches include using a third party or team building materials to facilitate the required role negotiation. It should also be evident that there is a need for managers and facilitators of change. These individuals should be knowledgeable in both the health system and in the management of change.*

Work in the area of changing the role of the nurse in primary care has begun and with some impressive results. In order for this effort to expand and continue its success, more work will have to be done in understanding the processes of role change and the reallocation of work.

* A recent approach to both team building and the training of managers of change is the project at the M.I.T. Sloan School of Management. This project has developed self-administerable team building materials and programs for the training of health practitioners in the management of change. See "Educational Programs for Health Management" M.I.T. Working Paper 617-12, 1972.

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